

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/598 773
APPLICANT(S)

FILING DATE
6-21-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/	
2	/		8			
3	/		d			
4	/		1			
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TOTAL IND.	5				7	
TOTAL DEP.	15	↔	↔	12	↔	
TOTAL CLAIMS	20	[REDACTED]	[REDACTED]	19	[REDACTED]	

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TOTAL IND.								
TOTAL DEP.		↔	↔		↔	↔		↔
TOTAL CLAIMS		[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]		[REDACTED]